



ELDERKIN, MARTIN, KELLY & MESSINA
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PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME: Marcus Chatwood

COMPANY/FIRM: Jefferson Pilot Financial

FAX NUMBER: 800-259-2335

Total number of Pages, including this page: 5

COMMENTS:

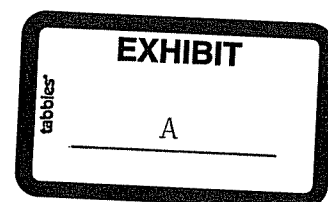
Date: August 9, 2005

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JEFFERSON PILOT
FINANCIALJefferson Pilot Financial Insurance Company, PO Box 2616, Omaha, NE 68103-2616
Phone (877) 843-3948 Fax (877) 843-3950

AUTHORIZATION FOR RELEASE OF DISABILITY AND LIFE INFORMATION

1. I (the undersigned) authorize Jefferson Pilot Financial Insurance Company ("Company") to release information regarding:

Claimant/Patient Name: Laymon Larry L.
(Last) (First) (Middle)

Date of Birth: 2-20-41 Certificate Number/Social Security Number: 280-36-7818

2. Information to be released: See Appendix A attached hereto.

3. Information to be released to: Laura Steehler Nelson, Esquire
(Name of individual or company authorized to receive information)

☒ Telephone 814 - 456 - 4000 Best Day to call _____ am/pm
Include Area Code and Phone number Best time to call _____ am/pm

☒ Address 150 East Eighth Street Erie PA 16501
(Street/PO Box) (City) (State) (Zip)

4. I understand the information obtained by use of this Authorization will be used by Atty. Nelson for the purpose of Laymon v. Canada Life Assurance Company

It will be subject to the following limitations (if applicable): N/a

5. I understand the information used or disclosed may be subject to re-disclosure by the recipient and may no longer be protected by state or federal law.
6. I understand that I may revoke this Authorization in writing at anytime. To initiate revocation of this Authorization, direct all correspondence to the Company at the above address. If written revocation is not received, this Authorization will be considered valid for a period of time not to exceed 24 months from the date of my signature below.
7. A photocopy of this Authorization is to be considered as valid as the original.
8. I understand I am entitled to receive a copy of this Authorization.

SIGNATURE: *Larry Laymon*DATE: 8/8/05

Claimant/legal representative (Nearest relative, legal guardian, or appointed representative to sign only if claimant/patient is a minor, legally incompetent, or deceased) Power of attorney or guardianship must be attached.

PRINT NAME: LARRY LAYMON

Relationship to Claimant/Patient of personal/legal representative signing for Claimant/Patient: _____

ADDRESS: 3063 West 11th Street, Apt. 25 Erie PA 16505
(Street/PO Box) (City) (State) (Zip Code)

TELEPHONE: 814 - 835 - 8901
Include Area Code and Phone number

APPENDIX A

(continued from Jefferson Pilot Financial Insurance Company, "Authorization for Release of Disability and Life Information")

Question 2. Information to be Released

- 1) All documents and/or information concerning or relating to Larry Laymon, including but not limited to, those documents concerning or relating to Larry Laymon's claims for short-term disability and long-term disability.
- 2) All documents used and/or considered in the denial of Larry Laymon's long-term disability claim.
- 3) All documents requested and/or referred to in the attached "Authorization for Use and Disclosure of Health Information."

AUTHORIZATION FOR USE AND DISCLOSURE OF HEALTH INFORMATION

Name: Larry L. Laymon Date of Birth: 02/20/1941

Address: 3063 West 11th Street; Apt 25
Erie, PA 16505

Social Security Number: 280-36-7818

I authorize the disclosure by Jefferson Financial Insurance Company (formerly known as Canada Life Assurance Company) to the law firm of **ELDERKIN, MARTIN, KELLY & MESSINA**, or any representative thereof, the portions of my health information or records set forth below and to respond to requests for their opinion regarding my physical or mental condition, including but not limited to opinions regarding my history, prior medical history, findings, interpretation of diagnostic tests or lab results, diagnosis, etiology of my condition, reasonableness and necessity of treatment, need for future treatment (including the nature, frequency and usual and customary charge for such treatment), prognosis and physical limitations (including any disability, impairment or handicap).

The health information that I authorize to be disclosed to the law firm of **ELDERKIN, MARTIN, KELLY & MESSINA**, or any representative thereof, is:

- Entire hospital chart, including but not limited to problem list, medication list, admission sheet, history and physical, discharge summary, laboratory results, progress notes, nurse's notes, emergency room records, x-ray and imaging studies, toxicology screens, consultation reports, operative reports, anesthesia records, labor and delivery records, progress records and attending physician notes and reports.
- Pharmacy or prescription records.
- Mental health records, including records from any psychiatrist, psychologist, social worker or other licensed mental health professional or their staff.
- Entire chart of any physician or group of physicians whether operating as a sole proprietorship, partnership or corporation, including records supplied to the physician or member of the group from any other medical provider, hospital, emergency room, psychiatrist, psychologist, attorney, insurer or other third party other than the physician or member of the group.
- All diagnostic tests or imaging studies, including but not limited to x-rays, MRI's, EMG's, ENG's, EEG's, EKG's, discograms, CAT scans, PET scans, arthrograms, myelograms, diagnostic arthroscopies, ultrasounds, and Doppler studies, including both the report of the study and the study itself.
- Entire chart of any physical or occupational therapist or physical or occupational therapy group including records supplied to the physical therapist, occupational therapist or physical or occupational therapy group by a physician not a member of the group, a referring physician, or from any other medical provider, hospital, emergency room, psychiatrist or psychologist, attorney, insurer or other third party other than the therapist or member of the physical or occupational therapy group providing the therapy.

- Entire chart of any chiropractor or group providing chiropractic treatment or services including records contained in the chart received from persons or entities other than the chiropractor or group providing the treatment or services.
- Records of any EMS, BLS or ALS group or unit providing medical care, including the records of any private or public ambulance company or unit.
- Itemized billing statements for all medical services rendered.